

DRAFT
MINUTES

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)

Location: CHA Wallingford, CT
October 13, 2016

Member Attendees: Richard Kamin, Kyle McClaine, Jim Castellone, William Begg, James Parker, Doug Gallo, Mark Cicero

Guests: Raffaella Coler, Joe Larcheveque, David Baily, Sean Fitch, Glenn Arremony, Greg Allard, Nancy Brunet, Ryan Coughlin, Michael Zacchera, Christopher Tremblay, Wesley Young, Blair Bamforth, Paul Rabeuf, Guyan Tiyyagune, Marielle Daniels

Chaired by: Kyle McClaine, Richard Kamin

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	The minutes of the September 2016 CEMSMAC meeting were reviewed	<ul style="list-style-type: none">• Correction needed in Downgrade section – needs to read ALS to BLS and not BLS to ALS.• Motion and second to accept as amended – unanimous approval.
DPH/OEMS Report	Distributed Additionally: <ul style="list-style-type: none">• Request for update on status of	

	<p>number of CLIA Waivers since recent communication from Office</p> <ul style="list-style-type: none"> • Regarding proposal last month to send letter to DESPP per Naloxone process • Question regarding status of protocol test on CT TRAIN 	<ul style="list-style-type: none"> • R. Coler to look into this • Plan to first discuss with DPH Commissioner to be see how to move forward • Kamin to investigate
Regional MAC Reports (regional reps)	<p><u>Region 1:</u> Meeting upcoming. Concern for handcuffed patients in custody transported via EMS need to have police in attendance at all times.</p> <p><u>Region II:</u> No formal report Report but question regarding how current protocols above level of typical paramedic scope detailed in Statewide Protocols to be carried forward.</p> <p><u>Region III:</u> Statewide protocols were discussed, and specifically an in-depth discussion of the medication list. There is a desire amongst several services to achieve as much uniformity as a region for which medications will be used within e protocols when the are options. This is due to different services transporting to other hospitals with different medical control and because of some medics working at other services with different medical control within the region.</p>	<ul style="list-style-type: none"> • This issue will be brought forward to the CEMSAB. • As discussed previously, services currently operating at the SCT, IFT, CCT, etc level will continue as such with eventual evaluation by the CEMSMAC for interventions to be rolled into the Protocols or maintained as a separate level of care. The current lack of definition of SCT, IFT, CCT makes this immediate transition difficult.

2. The **regional** STEMI activation guideline, specifically including Sgarbossa criteria, as well as RBBB criteria into the STEMI interpretation for paramedics as current verbiage excludes activation in the presence of a wide complex QRS. However, there is verbiage that enables the medic to activate a STEMI Alert if they think there is an acute STEMI. further discussion next month if thee will be any modifications.

Region IV: No meeting since last month.

- Protocol rollout underway, Windham Paramedics have initiated.
- Shared train the trainer sessions between 4 medical controls.

Region V: Last meeting 6/16/16. Next meeting 10/20/16

- State protocol roll out
- Region V guidance developed for state protocol, including medications (Paul Rabeuf, Blair Balmforth, Paul Yeno)
- Development of regional protocol exam from state question bank

Connecticut Unified EMS Protocols	<ul style="list-style-type: none"> • Protocol Sub-Committee met hour before this meeting • Sub-Committee membership being populated 	<ul style="list-style-type: none"> • Will continue to meet the hour before the formal CEMSMAC meeting. • Please contact Kamin, McClain, Begg, Gallo, or Bailey if interested in participating. • Regardless of formal membership on Sub-Committee the process will remain open to all how are interested
Refusals of transport for infants < age 1 (Cicero et al.)	<ul style="list-style-type: none"> • Discussion regarding case of abuse with delayed presentation and the potential to have EMS play more proactive role in identification of at-risk individuals 	<ul style="list-style-type: none"> • Will formulate next steps and continue to work on initiative with Pedi-EM, EMS-C, OEMS, CEMSMAC • May have opportunity to install education and/or protocol changes regarding the issue
In-custody, restrained patient issue	<ul style="list-style-type: none"> • Issue arose during regional reports and added by vote to agenda • Ongoing concern for patients that are in Police custody and restrained with handcuffs NOT being transported with law enforcement in ambulance • Concern for patient and provider safety unless law enforcement is with patient in ambulance to attend to handcuffs if needed. 	<ul style="list-style-type: none"> • Issue to be sent to EMSAB for discussion with law enforcement representatives
Adjourned	Next meeting November 10, 2016 - Hunter's Ambulance	

Respectfully submitted: Richard Kamin MD, Kyle McClaine MD